

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
in the UNITED STATES DISTRICT COURT for the SOUTHERN DISTRICT of GEORGIA

JAMIE S. McPherson

(Enter above full name of plaintiff or plaintiffs)

v.

CORRECT Health Contractor  
Medical Provider, Nurse

Jackie Harnett Chatham  
County Sheriff Department Facility

(Enter above full name of defendant or defendants)

FILED  
U.S. DISTRICT COURT  
SAVANNAH DIV.  
2019 APR 22 AM 9:31  
CLERK  
S.D. DIST. OF GA.

Sheriff John T Wilcher

I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action? Yes \_\_\_\_\_ No ✓

If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs:

N/A

Defendants:

2. Court (if federal court, name the district; if state court, name the county):

N/A

3. Docket number:

4. Name of judge assigned to case:

N/A

5. Disposition  
(for example, was the case dismissed? appealed? is it still pending?):  
N/A
6. Approximate date of filing lawsuit: N/A
7. Approximate date of disposition: N/A
8. Were you allowed to proceed *in forma pauperis* (without prepayment of fees)? N/A Yes \_\_\_\_ No \_\_\_\_

- B. While incarcerated or detained in any facility, have you brought any lawsuits in federal court which deal with facts other than those involved in this action?  
Yes \_\_\_\_ No ☒

If your answer to B is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to previous lawsuit:  
Plaintiffs: N/A  
Defendants: \_\_\_\_\_
2. Court (name the district):  
N/A
3. Docket number: N/A
4. Name of judge assigned to case: N/A
5. Disposition  
(for example, was the case dismissed? appealed? is it still pending?):  
N/A
6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A
8. Were you allowed to proceed *in forma pauperis* (without prepayment of fees)? N/A Yes ☐ No ☐

- C. As to any lawsuit filed in federal court where you were allowed to proceed *in forma pauperis*, was any suit dismissed on the ground that it was frivolous, malicious, or failed to state a claim? N/A Yes ☐ No ☒

1. If your answer to C is yes, name the court and docket number for each case:

N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

II. Place of present confinement: CHATHAM County Sheriff Dept.

- A. Is there a prisoner grievance procedure in this institution? Yes ☒ No ☐

- B. Did you present the facts relating to your complaint to the appropriate grievance committee? Yes ☒ No ☐

- C. If your answer to B is yes:

1. What steps did you take? I Filed grievance ON the Kiosk, and also To the Medical Department ON their GRIEVANCE FOR Medical Department.

2. What was the result? They Denied My Grievance by stating I sent it to the wrong Department when the Kiosk states very clearly of what Department OR category

3. Did you appeal any adverse decision to the highest level possible in the administrative procedure? Yes \_\_\_ No ☒

If yes, what was the result? This is the beginning of Procedure other than Grievances

- D. If you did not utilize the prison grievance procedure, explain why not: I did utilize procedure at hand

### III. Parties

(In Item A below, list your name as plaintiff and current address. Provide the name and address of any additional plaintiffs on an attached sheet.)

- A. Name of plaintiff:  
Address:

Jamie S. McPherson  
1074 Carl Griffin Dr.  
CCDC 1A3  
Savannah GA 31405

(In Item B below, list the defendant's full name, position, place of employment, and current address. Provide the same information for any additional defendants in Item C below.)

- B. Name of defendant:  
Position:  
Place of employment:  
Current address:

Nurse Jackie Hornett  
Nurse of Medical  
Sheriff Department of Correct  
Health Facility  
1074 Carl Griffin Dr, Savannah GA  
31405

- C. Additional defendants:

Correct Health Medical  
Provider located at the Sheriff Department  
Complex located at 1074 Carl Griffin Dr,  
Savannah GA 31405.

## IV. Statement of Claim

State here as briefly as possible the FACTS in your case. Describe how each defendant is personally involved in the depriving you of your rights. You must include relevant times, dates, places, and names of witnesses. DO NOT GIVE LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I Need to INFORM Sheriff John T Wilcher  
 Commander & Melissa Kohme Assistant  
 Jail Administrator of The Sheriff Depa  
 rtment Facility of a "Medical Incident"  
 That occurred on The Date of 3/27/2019. AT  
 Approximately between (6:20am) & (6:30am)  
 I (Jamie S McPherson), went to have MY  
 Diabetes checked by NURSE Hornett. She  
 stated, My (Diabetes) was (113), NURSE  
 Hornett then Administered "INSULLIN"  
 That was Not proscribed by License  
 Physician or Medical Provider, When I  
 got back FROM having My Diabetes checked  
 I Ate Breakfast. Then I Proceeded to MY  
 Room and Past out and when I Regained  
 Conscience, I was INcoherent, Fatigue  
 and NERVOUS, I then INFORM the Wing  
 Officer MRS. McCollough of MY "Medical Con  
 dition," she then Related My Condition  
 to her Supervisor, Corporal Kendall. He  
 Accused me of "Lying" to AN Officer and  
 then threaten me by throwing me into Isolati  
 on, by which was "witnessed" by Wing officer  
 MRS. McCollough. I then by  
 WAS TRANSPORTED to Medical Examination  
 by License Physician Medical Provider  
 his Expert prognosis was that the INSULLIN  
 that was Administered DROPPED My sugar  
 Level Extremely below Normal.



V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

MAXIMUM Relief sort Medical Expense  
sorted on the basis, Pain, Suffering,  
Mental Anguish, and grounds of,  
Necessary "Secondary" "Analyses"  
based on Expert Determination and  
Necessary Needed Labwork that Needs  
to be done. IN Determining if the PANCR  
ease is now still producing enough  
INSULLIN that the body needs IN being  
self sufficient, and AN "Analyses,  
Expert Determination IN Determining  
Where there's been any Pancreatic  
Damage that has been done.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27 day of MARCH, 2019

Prisoner No. \_\_\_\_\_

James McPherson  
(Signature of Plaintiff)

Mr. Jamie M. Pherson  
1074 KRAIGTOWN DR.  
SAVANNAH, GA 31405



CLERK. U.S. DISTRICT COURT  
Post Office Box 5286  
SAVANNAH, GEORGIA 31412

